

CERTIFICATE OF COVERAGE

ISSUED TO:

and all interested parties

INSURER:

Commonwealth of Virginia

AUTHORIZATION:

Commonwealth of Virginia Risk Management Plan and §§ 2.2-1837 and 2.2-1840, *Code of Virginia*

COVERAGE PERIOD:

PURPOSE:

Verification of insurance coverage for authorized activities of
its employees and authorized agents while

COVERAGE:

Tort Liability, including Medical Malpractice and Automobile when applicable.
Coverage also applies for liability and physical damage for rental/leased
vehicles used on official state business.

LIMITS:

\$2,000,000 - Tort claims against persons
\$100,000 - Tort claims against the Commonwealth
\$1,750,000 - Medical Incident per occurrence – Effective 7/1/2004
\$1,700,000 - Medical Incident per occurrence – Effective 7/1/2003
Actual Cash Value – Non-owned agency-authorized vehicles

ADMINISTRATOR:

Virginia Division of Risk Management
P.O. Box 1879
Richmond, VA 23218-1879

This certificate is for information only. It does not alter any provisions of the *Commonwealth of Virginia Risk Management Plan* or the *Code of Virginia*.

VERIFIED BY:

Signature
State Official's Name:
Title:
Date: